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December 13, 2003

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EXPRESS MAIL

Re: New Patent Application - Docket No. RAR105.09

Dear Sir or Madam:

Transmitted herewith is the new patent application for Stanley F. Chang, M.D., inventor, entitled: Polypectomy Snare for Specimen Retrieval.

Sincerely,

Richard A. Ryan
PTO Reg. No. 39,014

Enclosures:

1. Credit Card Payment Form in the amount of \$385.00
2. Patent Application Transmittal Letter
3. 21 pages of description, claims & abstract
4. Three (3) sheets of informal drawings
5. Executed Declaration (w/Power of Attorney)
6. Stamped, self-addressed return postcard

Certificate of Express Mailing - 37 C.F.R. § 1.10

Express Mail Label No.: ER 085423594US Date of Deposit: 12/13/2003

I hereby certify that the papers and/or fees identified in this letter are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Richard A. Ryan

PATENT APPLICATION TRANSMITTAL LETTER

Docket Number

RAR105.09

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor(s): Stanley F. Chang, M.D.For (title): Polypectomy Snare for Specimen Retrieval

Enclosed are:

21 pages of written description, claims and abstract.
 3 sheets of informal drawings.
 an assignment of the invention to _____
 executed declaration of the inventor(s).
 a certified copy of a _____ application.
 power of attorney.
 a verified statement to establish small entity status under 37 CFR 1.9 and 1.27.
 information disclosure statement
 preliminary amendment
 other: _____

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 770	\$ 770
TOTAL CLAIMS	11-20 =	* 0	x\$18	0
INDEPENDENT CLAIMS	3- 3 =	* 0	x\$86	0
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 260	N/A
* NUMBER EXTRA MUST BE ZERO OR LARGER			TOTAL	\$ 770
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ 385

 A Credit Card Payment Form in the amount of \$ 385.00 to cover the filing fee is enclosed. The Commissioner is hereby authorized to charge and credit Deposit Account No. _____ as described below. I have enclosed a duplicate copy of this sheet.

Charge the amount of \$ _____ as filing fee.
 Credit any overpayment.
 Charge any additional filing fees required under 37 CFR 1.16 and 1.17.
 Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

12/13/2003

Date


Richard A. Ryan
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